Public Health Agency of Canada

2011-12

Report on Plans and Priorities

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Minister's Message

I am pleased to present the Public Health Agency of Canada's 2011-12 Report on Plans and Priorities. The Agency plays an important role in the health and safety of Canadians by monitoring public health in Canada, promoting healthy lifestyles, and protecting Canadians from adverse public health events.

The H1N1 pandemic influenza outbreak underscored the value of having effective emergency preparedness and response plans. While the Agency successfully responded to this public health emergency, a number of lessons learned reviews have noted areas for improvement. The Agency will work with its federal, provincial and territorial partners to strengthen Canada's capacity to prepare for and respond to a public health event. Internationally, the Agency will continue to support the World Health Organization's implementation of the International Health Regulations by 2012.

In September 2010, I announced, along with my provincial and territorial colleagues, the *Declaration on Prevention and Promotion*, including the release of *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*. Instilling the importance of a healthy lifestyle in children is essential to preventing illness in later life. To that end, the Agency will work with partners to advance a number of initiatives to promote healthy living by children and youth, including achieving and maintaining healthy weights and avoiding injury.

Comprehensive and timely surveillance information is fundamental in strengthening public health in Canada. The Agency will leverage this information to develop, in concert with provinces, territories and other key stakeholders, targeted prevention, mitigation and control strategies for infectious and chronic diseases. Particular focus will be placed on our most vulnerable populations including children, Aboriginal Peoples, and those living in rural, remote, and Northern communities.

There is much to be accomplished. I have confidence in the Agency's ability to deliver on the priorities in this report and to continue promoting and protecting the health of Canadians.

Leona Aglukkaq, P.C., M.P.

Minister of Health

Message from the Chief Public Health Officer

The Agency is recognized globally as a leader in the area of public health. Recent successes such as our response to the H1N1 pandemic influenza outbreak and development of the *Declaration on Prevention and Promotion* with our provincial and territorial partners have underscored that leadership. To continue promoting and protecting the health and safety of Canadians, the Agency must maintain public confidence in its activities, guidance and advice, and be seen as a valued contributor by national and international partners. As a result, the Agency will focus its efforts in 2011-12 on building on these successes.

Science and research underpin the Agency's work and provide the strong evidence base for our programs and activities. The Agency will publish a Science and Research Strategic Plan that will provide an overarching framework for our science and research activities, bring greater cohesion to our initiatives and provide overall direction to our efforts. Improving how we communicate science to all Canadians will form an important part of these efforts.

As Chief Public Health Officer, I will work closely with my provincial and territorial colleagues to ensure a co-ordinated, pan-Canadian approach to public health issues. The finalization of an agreement on the sharing of surveillance information is a key priority, as it will improve our ability to prevent and respond to adverse public health events. I will also continue to work with my federal, provincial and territorial colleagues to strengthen Canada's overall emergency preparedness and response.

Sharing knowledge, information and resources, and continuing successful programs and policies for important issues such as infectious and chronic diseases, injuries, and childhood obesity will be high priorities in 2011-12. Additionally, as with previous years, I will update Canadians on the state of public health in Canada through my annual report.

Given the Agency's vital and broad mission and its direct impact on the health and safety of Canadians, its employees are its most valuable resource. To continue providing world class science and evidence-based products, we need to continue to develop and retain a dedicated, knowledgeable, professional and diverse workforce that values excellence, leadership, employee engagement, and workplace well-being. Consequently, strengthened human resources planning will be a key management priority this year.

This 2011-12 Report on Plans and Priorities outlines activities the Agency will undertake to promote and protect the health of Canadians.

David Butler-Jones, M.D.
Chief Public Health Officer

Section I – Overview

1.1 Summary Information

Raison d'être and Responsibilities

Public health involves the organized efforts of society to keep people healthy and to prevent injury, illness and premature death. It includes programs, services and policies that protect and promote the health of all Canadians. In Canada, public health is a responsibility that is shared by the three levels of government, the private sector, non-government organizations, health professionals and the public.

In September 2004, the Public Health Agency of Canada (the Agency) was created within the federal Health Portfolio to deliver on the Government of Canada's commitment to increase its focus on public health in order to help protect and improve the health and safety of all Canadians and to contribute to strengthening the health care system.

The Agency has the responsibility to:

- Contribute to the prevention of disease and injury, and to the promotion of health;
- Enhance the quality and quantity of surveillance data and expand the knowledge of disease and injury in Canada;
- Provide federal leadership and accountability in managing public health emergencies;
- Serve as a central point for sharing Canada's expertise with the rest of the world and for applying international research and development to Canada's public health programs; and
- Strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning.

Contribution to the Federal Sustainable Development Strategy (FSDS)

The Agency is a participant in the Federal Sustainable Development Strategy (FSDS).[1] The FSDS represents a major step forward for the Government of Canada by including environmental sustainability and strategic environmental assessment as an integral part of its decision-making processes. The new FSDS sets clear federal direction for environmental sustainability and common goals and targets across government.

PHAC contributes to *Theme IV: Shrinking the Environmental Footprint – Beginning with Government* of the FSDS. Contributions to the FSDS are further explained in Section II as part of the Internal Services Program Activity (2.1) and electronically in Section III in the Greening Government Operations supplementary information table. Additional details are available on PHAC's Departmental Sustainable Development Strategy Web site.[2]

[1] Federal Sustainable Development Strategy (FSDS) Web site: http://www.ec.gc.ca/dd-sd/default.asp?lang=EN&n=C2844D2D-1.

[2] PHAC Web site: http://www.phac-aspc.gc.ca/sd-dd/index-eng.php.

Strategic Outcome and Program Activity Architecture (PAA)

To effectively pursue its mandate, the Agency aims to achieve a single Strategic Outcome supported by the Program Activity Architecture (PAA) summarized below.

Strategic Outcome: Canada is able to promote health, reduce health inequalities, and prevent and mitigate disease and injury

1.1 Science and Technology for Public Health	1.2 Surveillance and Population Health Assessment	1.3 Public Health Preparedness and Capacity	1.4 Health Promotion	1.5 Disease and Injury Prevention and Mitigation	1.6 Regulatory Enforcement and Emergency Response	2.1 Internal Services
	1.2.1 Public Health Surveillance	1.3.1 Public Health Capacity	1.4.1 Healthy Communities	1.5.1 Chronic Disease Prevention and Mitigation	1.6.1 Regulatory Enforcement	2.1.1 Governance and Management Support
	1.2.2 Population Health Assessment	1.3.2 Preparedness	1.4.2 Emerging Priorities and Innovation in Health Promotion	1.5.2 Injury Prevention and Mitigation	1.6.2 Emergency Operations	2.1.2 Resource Management Services
		1.3.3 Public Health Networks	1.4.3 Childhood and Adolescence Programs	1.5.3 Infectious Disease Prevention and Control	1.6.3 Emergency Stockpile	2.1.3 Asset Management Services
			1.4.4 Aging and Seniors			

In 2010-11, the Agency continued its work on the implementation of the Management, Resources and Results Structure Policy that included the revision of the Agency's Performance Measurement Framework (PMF). The objective of this revision is to continue to improve a PMF that will provide more detailed, objective performance measurement information to support the review, assessment and continuous improvement of programs.

Tag Legend:

Theme I: Addressing Climate Change and Air Quality

Theme II: Maintaining Water Quality and Availability

Theme III: Protecting Nature

Theme IV: Shrinking the Environmental Footprint – Beginning with Government

1.2 Planning Summary

Financial Resources ($M)

2011-12	2012-13	2013-14
622.7	592.1	579.2

Note: Additional information on expenditures at the Agency level is provided in Section I's Expenditure Profile and at the Program Activity level in Section II.

Human Resources (Full-time Equivalent – FTE)

2011-12	2012-13	2013-14
2,768	2,729	2,729

Planning Summary Table

Strategic Outcome: Canada is able to promote health, reduce health inequalities, and prevent and mitigate disease and injury.	
Performance Indicators	**Targets**
Health-adjusted life expectancy (HALE)[3] at birth	Maintain or exceed Canada's 2001 HALE at birth as reported by Statistics Canada.[4] Overall - 69.6 Women - 70.8 Men - 68.3
HALE by income; the difference, in years, in HALE at birth between the top-third and bottom-third income groups	Maintain or reduce the difference in years. Women - 3.2 Men - 4.7

[3] HALE is an indicator of overall population health that combines measures of both age- and sex-specific health status, and age- and sex-specific mortality into a single statistic. It represents the number of expected years of life equivalent to years lived in full health, based on the average experience in a population.

* *Report on the State of Public Health in Canada 2010*

[4] Statistics Canada. CANSIM Table 102-0121 and Catalogue no. 82-221-X.

Program Activity	Forecast Spending 2010-11	Planned Spending			Alignment to Government of Canada Outcomes
		2011-12	2012-13	2013-14	
1.1 Science and Technology for Public Health	87.1	60.7	55.0	48.9	Healthy Canadians
1.2 Surveillance and Population Health Assessment	60.6	60.1	58.5	58.5	Healthy Canadians
1.3 Public Health Preparedness and Capacity	83.0	94.6	75.3	72.4	Healthy Canadians
1.4 Health Promotion	182.9	182.2	182.2	182.2	Healthy Canadians
1.5 Disease and Injury Prevention and Mitigation	104.1	107.3	102.5	98.6	Healthy Canadians
1.6 Regulatory Enforcement and Emergency Response	30.2	26.0	24.7	24.7	Safe and Secure Canada
Total Planned Spending	**547.9**	**530.9**	**498.2**	**485.3**	

Note: All figures are rounded

Internal Services	Forecast Spending 2010-11	Planned Spending		
		2011-12	2012-13	2013-14
	110.3	91.8	93.9	93.9

Contribution of Priorities to the Strategic Outcome

The following table outlines three operational and two management priorities and their links to the PAA and Agency plans.

A. Operational Priorities		
A1. Managing Public Health Risks to Canadians	**Type:** Ongoing	**Link to Program Activities (PAs):** 1.1, 1.2, 1.3, 1.5, 1.6

Why is this a priority?

- Strengthening the Agency's ability to anticipate and respond to both real and potential public health risks will help prevent and mitigate disease.

Plans for meeting the priority

- Integrate expertise and information acquired through the management and review of the federal responses to public health events.
- Enhance ability to prevent and control infectious diseases.
- Enhance preparedness to respond to emerging infectious diseases and other public health events.
- Strengthen chronic disease prevention initiatives to reduce common risk factors.
- Strengthen the capacity for public health surveillance.
- Strengthen the regulatory approach to aspects of public health.
- Enhance public health initiatives related to food safety.

A2. Promoting the Health of Vulnerable Populations in Canada	**Type:** Ongoing	**Link to Program Activities (PAs):** 1.2, 1.3, 1.4, 1.5

Why is this a priority?

- Improving the health status of key disadvantaged and vulnerable populations in Canada by means of more strategic and focused policies and interventions will help reduce health inequalities.

Plans for meeting the priority

- Strengthen initiatives to advance the health and well-being of children and youth.
- Engage other sectors and government departments to influence and develop healthy public policies and related investments.
- Support the design, implementation and assessment of innovative policies and interventions. This includes systematic knowledge sharing for broader benefits to Canadians.

A3. Enhancing Public Health Capacity	**Type:** Ongoing	**Link to Program Activities (PAs):** 1.2, 1.3, 1.4, 1.5, 1.6

Why is this a priority?

- Enhancing pan-Canadian and Agency capacity will build a stronger public health system and, in turn, promote health, reduce health inequalities, and prevent and mitigate disease and injury.

Plans for meeting the priority

- Strengthen the capacity of the public health workforce.
- Build public health capacity in the North.
- Improve systematic knowledge sharing and use of best practices in public health.

B. Management Priorities		
B1. Achieving Business Excellence	Type: Previously committed	Link to Program Activities (PAs): 1
Why is this a priority? • Strengthening the management and administrative infrastructure will enable the Agency to better serve the public health interests and needs of Canadians. **Plans for meeting the priority** • Provide strategic and policy support for the Agency's operational goals and for Ministerial priorities, with an emphasis on evidence-based decision-making. • Adopt stable, forward-looking management tools.		
B2. Focussing on People	Type: New	Link to Program Activities (PAs): 2
Why is this a priority? • Instill and support a workplace that values excellence, leadership, employee engagement, and workplace well-being in support of the delivery of the Agency's programs and priorities. **Plans for meeting the priority** • Implement recommendations from the review of service delivery and strategic human resource management in support of Agency priorities and mandate, within a three-year planning horizon. • Establish a People Management Framework over the three-year planning horizon to support Public Service Renewal. • Develop a Human Resources resourcing strategy aimed at attracting, developing and retaining a dedicated, knowledgeable and professional workforce.		

Risk Analysis

The Agency's risk analysis is a synthesis of environmental scans, trend analysis, and the Corporate Risk Profile. This information plays an important role in helping the Agency determine priorities and plans over the short, medium and long terms. The analysis incorporates the risks and mitigation strategies as well as the context.

Context and Infrastructure

The Agency seeks to mitigate risks by increasing public health capacity among Canadians and the public health system through fostering proactive partnerships with key stakeholders and other governments. This collaboration is key to developing strategies that assess and address gaps in public health capacity in order to enhance our ability to take action on major health issues and respond to potential public health emergencies. The main vehicles used to increase capacity are disease and injury prevention and mitigation activities, health promotion activities, emergency preparedness and response, knowledge translation, and domestic and international collaboration.

Similar to many public service organizations, the Agency also identified in its Corporate Risk Profile management risks. To address these risks, the Agency will develop and implement a talent management strategy and professional development and recruitment programs; strengthen integrated planning, reporting and decision activities through enhanced horizontal communication and coordination; implement an Agency Information Management Operational Plan; and strengthen the governance of information technology service agreements.

To ensure that the Agency will recruit and retain the required public service talent, the Agency will foster a people-oriented workplace in support of Public Service Renewal by developing and implementing a comprehensive Human Resources (HR) policy framework and an HR Management Framework over the three-year planning horizon. The Agency is also committed to strengthening public health capacity to meet the needs of Canadians by working with national and international partners.

Public Health Emergencies

A key part of the Agency's mandate is to prepare for, and respond to, public health emergencies. This requires the coordination of federal, provincial, territorial, regional and local health authorities, as well as foreign governments and multi-lateral organizations. The unpredictability of public health emergencies, and the fact that they are addressed within multi-jurisdictional and multi-party domains, creates both opportunities and challenges.

Acting on the recommendations of a June 2010 internal Audit Report on Emergency Preparedness and Response, the Agency will, among other things, create internal surge capacity by developing a reserve of personnel within the Agency; participate in exercises to clarify and reinforce roles and responsibilities during emergencies; and synthesize and apply lessons learned from reviews and evaluations of past events, such as H1N1.

Globalization

Countries worldwide are more dependent on one another, which has resulted in higher international migration, commerce and travel. Globalization presents opportunities, in the form of expanded opportunities to share best practices with other countries, and improved communications to address public health events. It also presents threats, however, as globalization increases the likelihood and transmission speed of an infectious disease outbreak. The Agency's experience in responding to the H1N1 pandemic in Canada will provide knowledge and tools to strengthen surveillance, and further improve planning, preparedness and response for future pandemics.

One element of globalization is the worldwide movement of products and services, including food. Global food supply chains and demand for lower costs result in food products that are sourced from many different countries, not all of which have robust regulatory systems to protect the public from food-borne illnesses. Coordination and capacity among federal, provincial, territorial, regional and local health authorities are of the utmost importance to enable effective management and response to multi-jurisdictional food-borne illness and infectious disease outbreaks. The Agency will continue to coordinate through strategies that include addressing systemic challenges in leadership, preparedness, planning and communication of food safety issues. Lessons learned from the H1N1 flu outbreak will also provide insight for continued improvements.

Prevention and Promotion

Canadians are increasingly facing challenges to their health caused by unhealthy lifestyles. Generally, Canadians eat too much, particularly foods high in sodium and refined sugars. Further, only 15% of Canadians are meeting the recommendations for physical activity,[5] a core element of overall health and well-being. These two factors contribute to rising obesity rates and increase the chance of developing chronic diseases such as type 2 diabetes, osteoarthritis and some cancers. In 2005, nearly one-quarter of adult Canadians were obese and an additional 35% were overweight.[6] Children are facing a similar picture; more than one-in-four children and youth in Canada are overweight or obese,[7] increasing their risk of unhealthy outcomes in their adult life. As well, some 4.9 million Canadians are regularly using tobacco, putting them at higher risk of developing cardiovascular and respiratory diseases, and many cancers.[8] Other vulnerable populations, such as Aboriginals or low-income Canadians, are particularly at risk for developing poor health outcomes.

PHAC has been responding to this challenge on a number of fronts. The Agency's primary program for the promotion of healthy living is the Integrated Strategy on Healthy Living and Chronic Disease. This program seeks to reduce common risk factors such as high blood pressure, and address specific diseases such as cardiovascular disease, cancer and diabetes in Canadians. Recently, federal, provincial, and territorial Ministers of Health and Healthy Living agreed on a framework to curb childhood obesity, which includes strategies to help children achieve healthy weights.

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[5] Colley, Rachel C. et al. *Physical activity of Canadian adults: Accelerometer results from the 2007 to 2009 Canadian Health Measures Survey*. Statistics Canada, Catalogue no. 82-003-XPE, Health Reports, Vol. 22, no. 1, March 2011. http://www.statcan.gc.ca/pub/82-003-x/2011001/article/11396-eng.pdf. [Accessed January 28, 2011].

[6] Public Health Agency of Canada. 2009. *Obesity in Canada – Snapshot*. http://www.phac-aspc.gc.ca/publicat/2009/oc/index-eng.php. [Accessed February 2, 2011].

[7] *Curbing Childhood Obesity: A federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*. (September 2010) http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/pdf/ccofw-eng.pdf. [Accessed February 2, 2011].

[8] Statistics Canada. (September 27, 2010)The Daily. *Canadian Tobacco Use Monitoring Survey. (previously released)* http://www.statcan.gc.ca/daily-quotidien/100927/dq100927c-eng.htm. [Accessed January 28, 2011].

Canada's Aging and Changing Population

Canada's population is aging, creating new demands on families and potentially greater costs for social programming and healthcare. Aging impacts our society in terms of economics, health care and services. Health promotion, injury prevention, and efforts to encourage and increase social participation and inclusion can save money, maintain and improve quality of life, and drive healthy economies.

Canada's population is also changing. Two-thirds of Canada's population growth between 2001 and 2006 was due to international migration.[9] As well, the Aboriginal population in Canada is growing faster than the non-Aboriginal population. These demographic changes present challenges to public health. For example, there may be pressure on communication systems as there is a need to ensure that public health messages effectively reach these sectors of the population, especially during public health emergencies.

Responding to Canada's aging and changing population will require on-going analysis of demographic trends and adaptable public health strategies to effectively capture the opportunities and respond to the challenges inherent in these changes.

Environmental Concerns

The environment influences public health policy and programming in some fundamental ways, from the need for clean air and water, to the need to limit human contact with harmful chemicals and pollutants. In the first days of public health policy, efforts were focussed on controlling and eliminating major public health threats, such as sewage and air pollution.

While Canada has had great success on these fronts, today's challenges are no less important, specifically as related to climate change. The main threats to public health from climate change are related to disease prevention and control, in particular a warmer climate facilitating the rapid spread of new communicable diseases. As well, climate change could increase immigration to Canada due to displacement, adding to health care pressures; it could impact emergency preparedness owing to more extreme weather events; and it could have serious implications for food safety[10] and food security as growing patterns change worldwide.

Environmental concerns as they relate to public health also extend to the built environment,[11] and the need to ensure that the physical environment is designed in a way that supports health and safety. Communities need to be designed to promote healthy living and mitigate risks to health sometimes posed by infrastructure design that does not encourage active lifestyles. Canada has played a leading role in creating friendly environments for seniors through an Age-Friendly Communities Initiative in which five provinces are engaged. Senior Canadians help in the planning and design within their own communities to create healthier and safer places for seniors to live and thrive.

Finally, poor air quality, indoors and outdoors, continues to have significant negative effects on public health and is estimated to have large economic costs.[12] Increasing urbanization, and the considerable periods of time people spend in climate-controlled environments, may be factors impacting air quality. We need to continue monitoring and researching environmental contaminants and their potential health effects.

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[9] Statistics Canada. 2007a. *2006 Census: Portrait of the Canadian Population in 2006: National portrait.* http://www12.statcan.ca/census-recensement/2006/as-sa/97-550/p2-eng.cfm [Accessed November 30, 2010].

[10] Food and Agriculture Organization of the United Nations (FAO). 2008. *Climate Change: Implications for food safety.* http://www.fao.org/docrep/010/i0195e/i0195e00.htm [Accessed December 7, 2010].

[11] The built environment can be broadly defined as environments that have been created or modified by people such as: neighbourhood designs; schools; homes; workplaces; recreation areas; location of stores; and the location and design of roads; sidewalks, bike lanes and footpaths. It is a key determining factor to promote physical activity and prevent obesity.

[12] Canadian Medical Association. *No Breathing Room: National Illness Costs of Air Pollution.* August 2008. http://www.cma.ca/multimedia/CMA/Content_Images/Inside_cma/Office_Public_Health/ICAP/CMA_ICAP_sum_e.pdf [Accessed December 6, 2010].

Science and Technology

Science and technology profoundly affects public health. For example, immunization has saved countless lives and further advances in science and technology hold the promise of achieving more progress toward the Agency's stated vision of healthy Canadians and communities in a healthier world.

Information technology is one area that holds great promise. Internet usage among Canadians is increasing, and Canadians are accessing the Internet more frequently. Searching for health information is now the second-most common activity on the Internet next to email use. In fact, searching for health information on line was reported by 70% of users in 2009, up from 59% in 2007.[13] To mitigate the risk of Canadians indiscriminately searching for health information anywhere on the Internet (where incorrect information can be found), PHAC must expand its profile as a leader in delivering credible health information to Canadians. Further, as communication technologies are increasingly important tools for sharing information, implementing the successful use of the most effective Internet-based information delivery methods (social media, audio-visual, traditional Web page) could be fundamental to promoting health and reducing health inequalities.

The growth of the internet in Canada and around the world also has implications for how public health information is gathered and disseminated. For example, new generation surveillance tools will allow for more rapid collection and sharing of public health information as well as the identification, confirmation and response to public health risks of international importance.

Advances in public health science and technology (in areas such as vaccines, antibiotics, antivirals, and diagnostics) and the effect that computing and networking has had on the collection and interpretation of surveillance data will also change the way Canadians and public health practitioners address emerging issues in public health. For example, the future development of new prophylactic and therapeutic vaccines could have the potential to prevent more infectious and chronic diseases. As well, future advances in antibiotics (such as phage therapy, engineered antibodies, and the use of probiotics) could one day help address the growing threats of antibiotic resistance, hospital acquired infections, and new emerging infectious diseases.

Finally, technological advances will also continue to impact how conditions and diseases are diagnosed. Recent advances in diagnostic technology have made it possible for Canadians to conduct self-testing to diagnose health conditions (such as a pregnancy), monitor illness (such as blood sugar levels in people with diabetes), and screen for an illness or disease. Moreover, the growing application of public health genomics — which looks at the ways in which genes, behaviour, diet and the environment combine to impact health — may create new possibilities in the prevention and control of infectious and chronic diseases.

Expenditure Profile

In 2009-10, Canada experienced an H1N1 pandemic from the Spring to the Fall which accounted for approximately $310M of the additional $361.3M spending. This additional spending was related to the purchase of the H1N1 vaccine and pandemic response activities such as communications, surveillance, and the procurement of ventilators. The Agency also spent $49.7M on the Hepatitis C Health Care Services Program which provided funding to the provinces to compensate for the care of individuals infected with Hepatitis C. This program provides payments every five years until 2014-15.

As the items noted above were for one-time spending in 2009-10, forecasted spending was lower by approximately $286M in 2010-11. However, this decrease was partially offset by $20.6M received to complete the final year of the project to modernize the Canadian Science Centre for Human and Animal Health (CSCHAH) laboratory in Winnipeg, Manitoba.

Starting in 2011-12, planned spending will gradually decline as several time-limited projects near completion. In 2011-12, funding will decrease for modernizing the CSCHAH ($20.6M). Other reductions stem from implementation of

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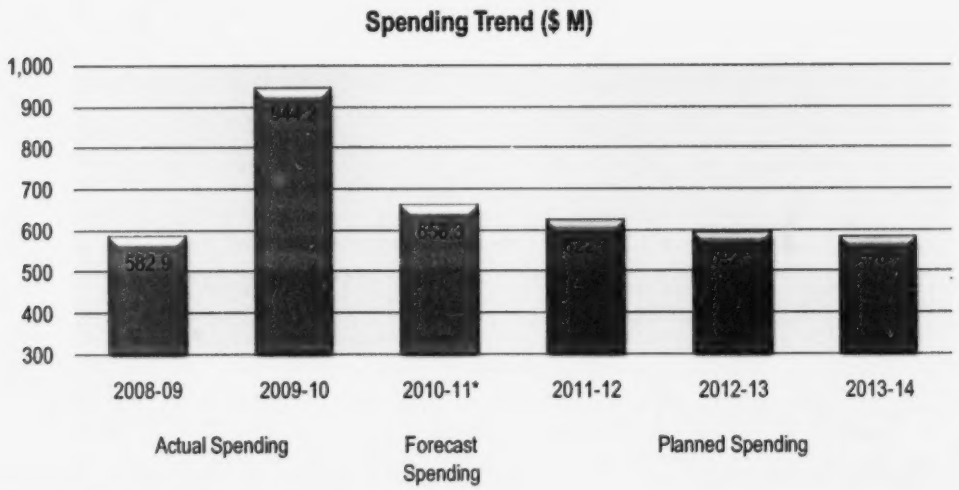
[13] Statistics Canada (May 10, 2010). The Daily. *Canada Internet Usage Survey (previously released)*. http://www.statcan.gc.ca/daily-quotidien/100510/dq100510a-eng.htm. [Accessed December 6, 2010].

budget reallocations made in the 2008 Strategic Review process ($6.3M), a permanent transfer of the Canadian Breast Cancer Research annual named grant to the Canadian Institutes for Health Research ($3M), as well as the planned sunsetting of the Clean Air Agenda ($2.2M).

In 2012-13, reference levels will decline by approximately $30M mainly due to two items: one-time funding received to implement the recommendations made in the *Report of the Independent Investigator into the 2008 Listeriosis Outbreak* will end ($7.6M), and one-time funding for the installation of the new vaccine influenza fill line will decrease by $20.7M.

In 2013-14, PHAC funding declines by $12.9 M mainly as a result of the near completion of the Lung and Neurological Diseases initiative ($4.9M) and reduced funding for the JC Wilt Laboratory ($6.1M).



*2010-11 is a forecast as of December 20, 2010.

Estimates by Vote

For information on the Agency's organizational votes and/or statutory expenditures, please see the 2011-12 Main Estimates publication. An electronic version of the Main Estimates is available at http://www.tbs-sct.gc.ca/est-pre/2011-2012/me-bpd/info/info-eng.asp.

Section II – Analysis of Program Activities

2.1 Strategic Outcome

The Agency's Strategic Outcome is: Canada is able to promote health, reduce health inequalities, and prevent and mitigate disease and injury. The following section describes the six Program Activities (PAs) through which the Agency works to achieve the Strategic Outcome, and for each, identifies the expected results, performance indicators and targets. This section also explains how the Agency plans to achieve the expected results and presents the financial and human resources that will be dedicated to each Program Activity.

Program Activity 1.1 – Science and Technology for Public Health

Canada is able to promote health, reduce health inequalities, and prevent and mitigate disease and injury	1.1 Science and Technology for Public Health

Human Resource (FTEs) and Planned Spending ($ M)					
2011-12		2012-13		2013-14	
FTEs	Planned Spending	FTEs	Planned Spending	FTEs	Planned Spending
445	60.7	439	55.0	439	48.9

The current funding profile for JC Wilt Laboratory project is $5.7M less in 2012-13 than 2011-12. The anticipated construction schedule of the JC Wilt Laboratory project is the main reason for the decrease of $6.1M from 2012-13 to 2013-14.

Expected Result(s)	Performance Indicator(s)	Target(s)
Public health decisions and interventions by public health officials are supported by research, timely and reliable reference service tests*	% of accredited reference service tests within the various specified turnaround times	80%
	% of reference service testing performed under acceptable International Organization for Standardization (ISO) accreditation standards	100%
	Research Publications Impact Factors Rating**	2,000

*Reference testing performed by Agency laboratories includes specialized diagnostic testing, confirmatory testing and special testing to characterize disease-causing agents. Such reference testing is carried out both routinely and in response to emergency outbreaks.

**This rating is defined as the number of citations of PHAC laboratory research publications over the past three years. It may not include all PHAC publications.

PA Summary: This program deals with the development and application of leading edge national public health science and innovative tools, the provision of specialized diagnostic laboratory testing and reference services, and the mobilization of Canadian scientific capacity and networks to enable Canada to improve public health and better respond to emerging health risks.

Planning Highlights: To achieve the expected result, the Agency will undertake the following activities:

- Provide timely and reliable testing that complies with reference testing requirements, which include ensuring that laboratories continue to expand the number of diagnostic tests meeting ISO/IEC 17025 standards and maintain accreditation for tests that are currently ISO 17025 certified.
- Develop integrated public health science and innovative tools and technologies that address emerging infectious public health risks at the human-animal-environment interface.
- Publish research findings from applied and discovery research[14] on established and emerging infectious diseases, including their characteristics, diagnosis, transmission, and treatment.
- Develop and provide leading-edge molecular-based technology and expertise for research, surveillance, and diagnostic testing on infectious diseases. Apply the latest generation of DNA sequencing technologies to enhance the capacity to analyze and interpret whole genome sequences in molecular epidemiology.
- Develop innovative approaches and integrated public health technologies for the prevention of infectious and chronic diseases based on the analysis of risk and on current knowledge about the human genome in terms of biological variability throughout the population.

Benefits for Canadians: Canadians will benefit from timely and reliable public health decisions and interventions and advances in diagnostic techniques and knowledge related to public health risks. Canadians will also be able to make personal health decisions that are based on advanced scientific knowledge. This will contribute to improved response to emerging health issues and improved public health.

[14] *Discovery research* is carried out to increase knowledge and understanding. This generates new scientific ideas, principles, theories and ways of thinking. *Applied research* takes these new concepts and translates them into new methods, applications or technologies. For example, discovery research may investigate how the human immune system works or how micro-organisms interact with humans and cause disease, whereas applied research may investigate ways to diagnosis or prevent a specific disease, such as developing a new vaccine.

Program Activity 1.2 – Surveillance and Population Health Assessment

Canada is able to promote health, reduce health inequalities, and prevent and mitigate disease and injury
1.2 Surveillance and Population Health Assessment
1.2.1 Public Health Surveillance
1.2.2 Population Health Assessment

Human Resource (FTEs) and Planned Spending ($ M)					
2011-12		2012-13		2013-14	
FTEs	Planned Spending	FTEs	Planned Spending	FTEs	Planned Spending
408	60.1	402	58.5	402	58.5

One-time funding received to implement the recommendations made in the *Report of the Independent Investigator into the 2008 Listeriosis Outbreak* is planned to sunset in 2011-12. This will decrease planned spending in 2012-13 by $1.6M.

Expected Result(s)	Performance Indicator(s)	Target(s)
Federal, provincial, and territorial jurisdictions, and health NGOs use PHAC information to make informed decisions*	% of federal, provincial, and territorial jurisdictions, and health NGO's that indicate that PHAC's surveillance and population health assessment information is relevant and accessible*	70%*
Key stakeholders use PHAC surveillance information to support chronic disease prevention action and to monitor and evaluate the impact of actions	% of key stakeholders using chronic disease surveillance information provided by PHAC, by type of use	Establish target by March 31, 2012

* The original expected result (Federal, provincial, territorial and local jurisdictions, health care providers and health NGOs use PHAC information to make informed decisions), performance indicator (% of survey respondents [i.e., jurisdictions and stakeholders] who indicate that PHAC's surveillance and population health assessment information is relevant and accessible), and target (30%) have been revised due to data accessibility. The target was revised upwards following a clarification of the key participating jurisdictions.

PA Summary: This program facilitates ongoing, systematic analysis, use and sharing of routinely-collected data with and among provinces, territories, local health authorities, and other federal departments and agencies so that they can be in a better position to safeguard the health of Canadians. This program is necessary because of the continuous risk to the health of Canadians from emerging infectious and chronic diseases as well as other population health risk factors present. The program is geared towards working with federal departments and agencies, other levels of government, health professionals, hospitals and laboratories across the country to facilitate the development of surveillance systems and the sharing of information.

Planning Highlights: To achieve the expected results, the Agency will undertake the following activities:

- Develop a collaborative federal/provincial/territorial pilot project for respiratory virus surveillance to serve as a model for a nationally coordinated surveillance system drawing on the experience of provincial/territorial public health agencies and other existing centres of knowledge.
- Continue to address recommendations from the May 2008 Report of the Auditor General by maintaining a process to identify surveillance system priorities, ensuring mechanisms and tools are in place to maximize effective partnerships, facilitating the sharing of data and information, and collaborating with partners on surveillance activities.
- Implement the Agency's Surveillance Strategic Plan. Strengthen Canadian Public Health Surveillance systems including those focused on obesity, mental illnesses, risk behaviours, chronic and infectious diseases as well as population groups such as children, youth, and seniors. Moreover, systems focused on HIV/AIDS, sexually-transmitted and bloodborne infections, vaccine safety, anti-microbial resistance, tissue and organ safety, and tuberculosis will be enhanced. This will include developing plans to address surveillance data gaps for chronic and infectious diseases; improving the effectiveness and efficiency of the Canadian Notifiable Diseases Surveillance System data collection, validation and reporting process; expanding the Canadian Chronic Disease Surveillance System (asthma, chronic obstructive pulmonary disorder, heart diseases, osteoporosis, and arthritis); and enhancing the web-based query and analysis tools to improve information accessibility for analysis and timely dissemination of results and adding enhancements to vaccine safety surveillance through upgrades to the Canadian Adverse Events Following Immunization Surveillance System.
- Perform testing and research on diseases that afflict vulnerable populations (e.g., tuberculosis) and participate in enhanced surveillance tracking studies of HIV and sexually transmitted infection prevalence in vulnerable populations in conjunction with provincial public health labs.
- Continue to develop and implement an integrated approach to human papillomavirus (HPV) surveillance to evaluate the effectiveness of the HPV vaccine and HPV-related outcomes.
- Use surveillance to detect, monitor and report on infectious disease sources and risk factors in order to provide best evidence that can guide decision-making for interventions at the human-animal-environment interface.
- Initiate sentinel surveillance of hypertension, diabetes, chronic obstructive pulmonary disease (COPD), depression and osteoarthritis in primary care settings using data from electronic medical records in collaboration with the College of Family Physicians of Canada.
- Conduct ongoing data collection, analysis and reporting on the rates, patterns and circumstances of injury of Canadians, focusing on children and seniors. Contribute to the evidence base for policies, practices and programs for injury prevention and control.
- Increase capability to assess the health of the population through the development of population health analyses on complex public health issues.

Benefits for Canadians: The Agency's surveillance and population health assessment initiatives will contribute to the timely and accurate information requirements of public health partners and stakeholders. They will also prepare the health system to respond to infectious disease outbreaks, vaccine safety concerns, and address trends in the risk factors leading to infectious and chronic diseases. Population Health Assessment activities increase capacity in assessing the health of the population by strengthening the evidence base and contributing to the development of public health policy. This ensures that Canadian decision-makers have information and tools to identify and address priority public health issues.

Program Activity 1.3 – Public Health Preparedness and Capacity

Canada is able to promote health, reduce health inequalities, and prevent and mitigate disease and injury
1.3 Public Health Preparedness and Capacity
1.3.1 Public Health Capacity
1.3.2 Preparedness
1.3.3 Public Health Networks

Human Resource (FTEs) and Planned Spending ($ M)					
2011-12		2012-13		2013-14	
FTEs	Planned Spending	FTEs	Planned Spending	FTEs	Planned Spending
367	94.6	362	75.3	362	72.4

Planned spending is $19.3M higher in 2011-12 mainly as a result of expenditures related to the installation of a vaccine fill line project. This project is scheduled for completion in 2013-14.

Expected Result(s)	Performance Indicator(s)	Target(s)
Canada has the capacity for public health interventions including emergency response	% completion of International Health Regulations Action Plan for addressing capacity gaps	75% (June 15, 2011) 100% (June 15, 2012)
Pan-Canadian and international agencies have interoperability and response capacity	% of capacity demonstrated in joint exercises with partners	100%
Public health organizations have the capacity to carry out their core public health functions*	% federal, provincial, and territorial jurisdictions that indicate that they made progress in addressing capacity gaps as a result of Agency training and tools*	50%*

* The original expected result (public health organizations have the capacity to carry out their core public health functions), performance indicator (% federal, provincial, territorial and local jurisdictions that indicate that they made progress in addressing capacity gaps as a result of Agency training and tools), and target (90%) have been revised due to data accessibility. The target was revised downwards following a clarification of the key participating jurisdictions.

PA Summary: This program increases Canada's public health preparedness and capacity by: providing tools, training and practices that enhance the capabilities of organizations and people who have a role in Canada's public health system; increasing public health human resource capacity; developing and maintaining Canada's ability to prepare for public health emergencies; and establishing/maintaining networks both within and outside Canada. The program is necessary as public health skills, tools and networks are required to be able to keep Canadians healthy.

Planning Highlights: To achieve the expected results, the Agency will undertake the following activities:

- Develop an all hazards Threat and Risk Assessment with the health portfolio to identify the threats, hazards and risks for decision makers regarding emergency preparedness planning and stockpile of supplies. This will support Canada's partnership activities such as the Global Health Security Initiative.
- Develop and execute a trilateral action plan with the United States and Mexico for animal and pandemic influenza, guided by the principles established in the *2011 North American Plan for Avian and Pandemic Influenza*.
- Build on lessons learned from the Vancouver 2010 Olympic and Paralympic Winter Games and the G8/G20 Summits to inform and enhance mass gathering planning. In 2015, Canada will host the Pan/Parapan American Games in Toronto, Ontario. The Agency will work with other government departments, and local and provincial authorities to ensure that obligations are met.
- Address key recommendations identified in the *Lessons Learned Review: Public Health Agency of Canada and Health Canada Response to the 2009 H1N1 Pandemic* and the Standing Senate Committee Report entitled *Canada's Response to the 2009 H1N1 Influenza Pandemic*.
- Engage provincial/territorial jurisdictions and key national stakeholders to contribute to a comprehensive review and revision of the Canadian Pandemic Influenza Plan, which will incorporate new information including national and international experience gained during pandemic H1N1.
- Maintain and update the all-hazards Health Portfolio Emergency Response Plan based on lessons learned from exercises, real events and mass gatherings through the direction of the Joint Emergency Preparedness Committee that oversees the coordination of emergency preparedness activities of the Health Portfolio.
- Strengthen public health skills across Canada by continuing to provide a competency-based suite of learning modules on core public health functions to enhance preparedness to respond and address risks to Canadians. Review and update the modules to ensure that they meet the needs of stakeholders.
- Continue to develop tools for federal, provincial and territorial (F/P/T) partners through the Canadian Network for Public Health Intelligence to facilitate the dissemination of strategic intelligence and coordination of public health responses.
- Continue to develop the capacity to promote and improve the use of scientific research and other knowledge to strengthen public health practice and policy in Canada by providing support for the activities of the National Collaborating Centres for Public Health.

Benefits for Canadians: These activities will provide increased coordination and capacity among partners and assist public health practitioners in performing public health roles that are critical to the effective preparation for public health events and in addressing trends in the risk factors leading to chronic diseases. Evidence-based, ethical, timely, and effective decision-making, coordination, and action are critical to minimizing the effects of adverse public health events on Canadians.

Program Activity 1.4 – Health Promotion

Canada is able to promote health, reduce health inequalities, and prevent and mitigate disease and injury
1.4 Health Promotion
1.4.1 Healthy Communities
1.4.2 Emerging Priorities and Innovation in Health Promotion
1.4.3 Childhood and Adolescence Programs
1.4.4 Aging and Seniors

Human Resource (FTEs) and Planned Spending ($ M)					
2011-12		2012-13		2013-14	
FTEs	Planned Spending	FTEs	Planned Spending	FTEs	Planned Spending
391	182.2	385	182.2	385	182.2

Expected Result(s)	Performance Indicator(s)	Target(s)
Supportive environments and collaborative health promotion policies are in place to reduce health inequalities and enable Canadians to maintain and improve their health	% of collaborations that result in joint action having an objective of influencing supportive environments and health promoting policies	80%
	# of communities reached	Establish baseline by March 2011
	# by type of health promotion initiatives	Establish baseline by March 2011

PA Summary: This program provides leadership and support in promoting health and reducing health inequalities among Canadians. It supports Canadians in making healthy choices during all life stages through initiatives focussed on, for example, child development, families, lifestyles, and aging. It also facilitates the conditions that support these choices by working with and through others to address factors and determinants that influence health, such as health literacy, food security, social support networks and the "built"[15] environment.

[15] The built environment can be broadly defined as environments that have been created or modified by people such as: neighbourhood designs; schools; homes; workplaces; recreation areas; location of stores; and the location and design of roads; sidewalks, bike lanes and footpaths. It is a key determining factor to promote physical activity and prevent obesity.

Planning Highlights: To achieve the expected result, the Agency will support the development of targeted, evidence-based health promotion strategies and interventions with a special focus on:

- Vulnerable children and families through collaboration and programs such as the Canada Prenatal Nutrition Program, the Community Action Program for Children and Aboriginal Head Start in Urban and Northern Communities. Strategic funding will be used to develop a cohesive Agency approach to child health and strengthen the Agency's leadership in advancing child and youth health priorities.
- Adults in later life, specifically with regard to healthy aging and Public Health Security and other health promotion interventions geared towards seniors.
- Healthy Living, as it relates to the promotion of physical activity and healthy eating and their relationship to healthy weights, in alignment with federal and collaborative actions identified in *Curbing Childhood Obesity: an F/P/T Framework for Action to Promote Healthy Weights*. Instilling the importance of a healthy lifestyle in children is essential to preventing illness in later life. PHAC will continue to develop the evidence-base and monitor and support research to supplement the existing information on physical activity. This in turn will contribute to the development of additional tools and resources to help Canadians be more active and live healthier lives. The Agency will also support community-based initiatives to promote physical activity and healthy eating opportunities in the after-school time period.
- Lead federal efforts to address family violence and provide an update of the *Report on Seniors' Falls in Canada*. The Agency will also participate in federal activities related to the Canadian Year of Road Safety 2011 and the start of the UN Decade of Road Safety.
- Mental health promotion and mental illness prevention, including the identification and documentation of effective and promising practices.
- Health inequalities, in leading initiatives such as the development and application of tools including sex- and gender-based analysis[16] and health equity impact assessment to assess and more effectively reach vulnerable populations through policy and program interventions.
- Innovation in population health interventions, by designing, testing and evaluating new policies and initiatives to fill evidence gaps on how to avert and mitigate inequalities among disadvantaged populations, e.g., for mental health promotion and healthy weights via the Innovation Strategy.

Benefits for Canadians: Health promotion is the process of enabling people to increase control over and improve their health. It is based on understanding the influence that determinants of health — such as healthy child development, gender, income, literacy, and other factors — have on health status. The Agency's health promotion activities are moving beyond health education and personal behavioural change to address social, institutional, and community change. By enabling individual Canadians to improve their health and enabling all levels of government and institutions to better address the factors that influence and determine health and health inequalities, the Agency is supporting the development of Healthy Canadians.

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[16] *Sex and Gender Based Analysis* is an approach to research, programs and policies which systemically inquires about biological (sex-based) and socio-cultural (gender-based) differences between women and men, boys and girls, without presuming that any differences exist. The purpose of SGBA is to promote rigorous sex/gender-sensitive health research, policies and programs which expand the understanding of health determinants in both sexes in order to provide knowledge which may result in improvements in health and health care. http://www.hc-sc.gc.ca/hl-vs/pubs/women-femmes/sgba-policy-politique-ags-eng.php [accessed January 26, 2011]

Program Activity 1.5 – Disease and Injury Prevention and Mitigation

Canada is able to promote health, reduce health inequalities, and prevent and mitigate disease and injury
1.5 Disease and Injury Prevention and Mitigation
1.5.1 Chronic Disease Prevention and Mitigation
1.5.2 Injury Prevention and Mitigation
1.5.3 Infectious Disease Prevention and Control

Human Resource (FTEs) and Planned Spending ($ M)					
2011-12		2012-13		2013-14	
FTEs	Planned Spending	FTEs	Planned Spending	FTEs	Planned Spending
348	107.3	343	102.5	343	98.6

Planned spending levels will decrease by $4.8M in 2012-13 and by $3.9M in 2013-14 mainly as a result of work on the Lung and Neurological Diseases initiative nearing completion.

Expected Result(s)	Performance Indicator(s)	Target(s)
Diseases and injury in Canada are prevented and mitigated	Rate of age-standardized new diagnoses of major diseases during a one-year period (incidence)[17] • Diabetes • Cancer • Hypertension • Asthma • Chronic Obstructive Pulmonary Disease (COPD)	Baselines identified: • Diabetes: 6.7 per 1,000 population • Cancer: 4 per 1,000 population • Hypertension: 22.1 per 1,000 population

[17] Diabetes, cancer, and hypertension are the only chronic diseases for which the Agency will have incidence data for in 2011-12. Work is ongoing to develop baseline data for incidence of additional chronic diseases such as asthma and COPD over the next few years.

	Unintentional and intentional injury incidence rates over a one-year period	Baselines identified: All injuries (all ages): • Deaths: 45.1 per 100,000 • Hospitalizations: 659 per 100,000 Unintentional Injuries (all ages): • Deaths: 29.5 per 100,000 • Hospitalizations: 600.5 per 100,000
	Rate of reported cases of infectious diseases including health care associated infections, during a one-year period	Targets identified: • Tuberculosis: 3.6 per 100,000 by 2015 Baselines identified (2007): • Tuberculosis: 4.8 per 100,000 • HIV: 8.8 per 100,000 • Chlamydia: 224.0 per 100,000 • Gonorrhoea: 36.1 per 100,000 • Infectious syphilis: 3.7 per 100,000 • Acute hepatitis B: 0.69 per 100,000 • Acute hepatitis C incidence: 1.61 per 100,000 • MRSA (Methicillin-resistant staphylococcus aureus): 7.62 per 1,000 patient admissions • VRE (Vancomycin-resistant enterococcus): 1.20 per 1,000 patient admissions • C. difficile: 4.45 per 1,000 admissions

PA Summary: This program develops and implements strategies, undertakes prevention initiatives, and supports stakeholders to prevent and mitigate chronic disease, injury, and prevent and control infectious disease. Federal leadership and collaboration to mobilize domestic efforts characterize this program. This program is necessary given the current and potential impact of injury and chronic and infectious disease on the health of Canadians and the sustainability of the Canadian health care system.

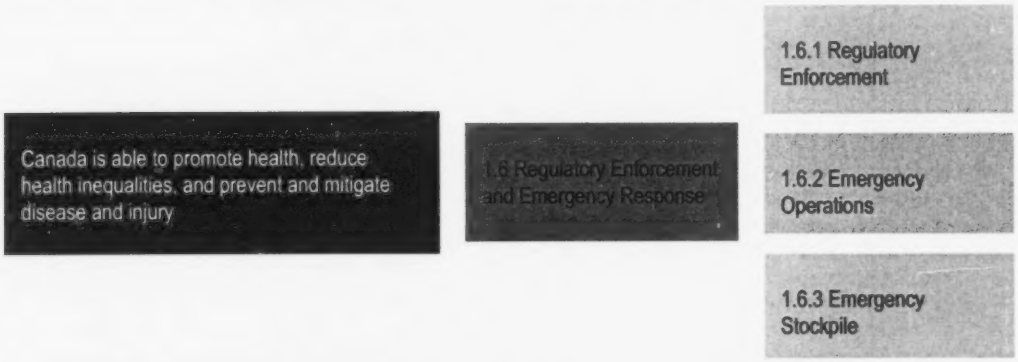
Planning Highlights: To achieve the expected result, the Agency will undertake the following activities:

- Continue to implement measures to address the recommendations made in the Report of the Independent Investigator into the 2008 Listeriosis Outbreak by developing: a comprehensive national Food-borne Illness Incident Response Plan; an Incident Command Structure specifically tailored to food-borne illness outbreaks; and a Pilot Infectious Disease Impact and Response System adapted to climate change impacts.
- Use decision-making tools such as risk assessment, systematic reviews, epidemiological investigations, geospatial mapping and integrated public health technologies to identify and address public health risk factors with a special focus on pathogens arising from the food chain and health conditions arising from the agro-environment.

- Engage and collaborate with other federal departments, provinces, territories, NGOs, professional groups and the private sector to determine how best to strengthen the effectiveness and efficiency of the National Immunization Strategy (NIS).
- Continue to work in close collaboration with provinces, territories, and other partners/stakeholders on the finalization of the Canadian Tuberculosis Strategy.
- Collaborate with key diabetes stakeholders to develop and disseminate tools and resources designed to support self-management by Canadians living with or at risk of diabetes, a principal priority of the Canadian Diabetes Strategy.
- Continue to support the renewed Canadian HIV Vaccine Initiative (CHVI) through the establishment of a new CHVI Research and Development Alliance.
- Engage other governments, provincial/territorial partners, stakeholder groups and international partners to explore strategies towards the development of a coordinated pan-Canadian approach and an effective, cohesive response to address antimicrobial resistance (AMR) in the community and healthcare settings.
- Build on the F/P/T Ministers' of Health endorsement of the *F/P/T Declaration on Prevention and Promotion* to enhance health promotion and chronic disease prevention by developing the evidence base for encouraging healthier choices.
- Work with other governments, stakeholders and international partners in expanding the work done to date related to hypertension surveillance, prevention, treatment and control, including sodium reduction, as a means of providing high quality analysis, tools and resources on cardiovascular health.
- Continue to provide Canadians with information about their respiratory health learned from successful models identified to date through work with lung health stakeholders.
- Through collaboration with the Neurological Health Charities of Canada on the National Population Study of Neurological Conditions, continue projects to enhance knowledge of the incidence, prevalence and risk factors of neurological diseases which will inform policy and program development by governments, practitioners and health related organizations.
- Conduct risk analysis using expanded surveillance data for the prevention and control of consumer product-related injuries to provide Canadian policy makers and health professionals with information to develop and implement programs and policies in order to prevent and mitigate injuries.
- Improve evidence and information available to public health practitioners, policy-makers and Canadians by supporting the development and dissemination of clinical practice guidelines from the Canadian Task Force on Preventive Health Care and by establishing an innovative knowledge exchange platform to highlight best and promising practices in chronic disease prevention and control.
- Lead the development of Canada's position for the United Nations High-level Meeting on Prevention and Control of Non-Communicable Diseases in September 2011.

Benefits for Canadians: Canada's ability to prevent and manage diseases and injuries will be strengthened by these activities. For example, enhanced national food-borne illness outbreak preparedness will contribute to the protection and health and well-being of Canadians. Policies, programs and interventions will be enhanced by working in collaboration with the health portfolio and domestic and international partners. Public health practitioners, policy makers and Canadians will have information, guidelines and advice that foster prevention and management of disease and injury in Canada.

Program Activity 1.6 – Regulatory Enforcement and Emergency Response


Canada is able to promote health, reduce health inequalities, and prevent and mitigate disease and injury
1.6 Regulatory Enforcement and Emergency Response
1.6.1 Regulatory Enforcement
1.6.2 Emergency Operations
1.6.3 Emergency Stockpile

Human Resource (FTEs) and Planned Spending ($ M)					
2011-12		2012-13		2013-14	
FTEs	Planned Spending	FTEs	Planned Spending	FTEs	Planned Spending
150	26.0	148	24.7	148	24.7

One-time funding received to implement the recommendations made in the *Report of the Independent Investigator into the 2008 Listeriosis Outbreak* is planned to sunset in 2011-12 resulting in a decrease in planned spending of $1.3M.

Expected Result(s)	Performance Indicator(s)	Target(s)
Canada has 24/7 public health emergency response capability and capacity	% of responses to national and international public health emergencies within time standards	100%
Canada is compliant with World Health Organization (WHO) International Health Regulations (IHR)	% of Agency procedures which are compliant with WHO IHR	100%
PHAC responds to emergencies in a timely and coordinated manner	% of response compliant with the Health Portfolio Emergency Response Plan	100%

PA Summary: The program is dedicated to protecting the health and safety of Canadians through the administration and enforcement of the Human Pathogens Importation Regulations and select sections of the *Human Pathogens and Toxins Act* (HPTA), and by developing new regulations under the HPTA to enhance the biosafety, biosecurity and biocontainment of human pathogens and toxins across Canada. In addition, there will be increased protection from infectious diseases at ports of entry to and from Canada and for participants in mass gatherings. Activities under this program are designed to ensure that Canadians are protected against all hazards such as communicable diseases, chemical, biological and radio-nuclear as well as environmental emergencies.

Planning Highlights: To achieve the expected results, the Agency will undertake the following activities:

- Coordinate national input through a network of F/P/T IHR Champions for a submission to the WHO as part of the annual IHR report. This report consists of measures taken to ensure Canada's compliance with the IHRs by June 2012.
- Enhance emergency operations infrastructure by strengthening operational capacity within the Health Portfolio Emergency Operations Centre (HP EOC) and by establishing a 24/7/365 Watch Officer program.
- Implement a 24/7/365 contact link at the National Microbiology Laboratory to ensure a single point of initial contact for all emergency scientific enquiries from private, regional, provincial, and federal health and safety departments.
- Engage, communicate and consult with stakeholders on the design and development of a risk-based and new regulatory framework for the HPTA.
- Establish a series of programs that will support HPTA implementation and an effective regulatory lifecycle.
- Continue to enforce the Human Pathogens Importation Regulations through compliance inspections and permit issuing processes, in order to effectively regulate Canadian laboratories handling imported human pathogens and toxins.
- Transform the original Health Emergency Response Team (HERT) to a deployable health professional surge capacity by evaluating other relevant models and consulting with partners on the merits of a roster/reserve model. The Agency will also test the Public Health Reserve Pilot Model to support PHAC's surge capacity.
- In collaboration with F/P/Ts, automate the inventory system and develop a five-year strategic and operational plan to renew pharmaceuticals, and medical supplies and equipment to align the National Emergency Stockpile System with the recommendation of the internal *Audit of Emergency Preparedness and Response* and the evaluation.
- Develop an F/P/T Quarantine Framework to clarify roles and responsibilities during public health emergencies, in addition to developing Standard Operational Procedures and standardized training of Quarantine Officers.
- Deploy the Microbiology Emergency Response Team (MERT)[18] mobile laboratories, as required, to respond to infectious disease emergencies and bioterrorism incidents in Canada and globally.
- Provide genome sequencing of pathogens and modelling, as and when required, to support timely epidemiology and rapid response research capacity for public health threats such as H1N1 and the cholera outbreak in Haiti.

Benefits for Canadians: These planning highlights will provide increased coordination and capacity among partners and assist public health practitioners in performing public health roles that are critical to the effective response to public health events. Rapid response research will increase the capacity of public health authorities to manage outbreak situations and optimize their evidence-based public health response. These efforts will also equip stakeholders with the mechanisms to exchange information and expertise so that they can become more responsive to all public health needs of their jurisdictions, and facilitate more rapid recovery from adverse public health events.

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[18] The Microbiology Emergency Response Team (MERT) is a mobile laboratory capacity that deploys on short notice to assist around the world in public health crises. Staffed by the National Microbiology Laboratory, and working closely with the WHO, the mobile lab capacity includes a range of options from state of the art portable lab equipment to the mobile lab-truck and lab-trailer. MERT can be deployed prior to major international events to identify and process potential pathogens and enhance event security as well as train staff in outbreak response and develop new diagnostic tests that can detect emerging infectious agents rapidly and efficiently.

Program Activity 2.1 – Internal Services

Canada is able to promote health, reduce health inequalities, and prevent and mitigate disease and injury
2.1 Internal Services
2.1.1 Governance and Management Support
2.1.2 Resource Management Services
2.1.3 Asset Management Services

Human Resource (FTEs) and Planned Spending ($ M)					
2011-12		2012-13		2013-14	
FTEs	Planned Spending	FTEs	Planned Spending	FTEs	Planned Spending
659	91.8	650	93.9	650	93.9

$2.1M of internal allocations to support Agency priorities is planned to sunset in 2011-12 and will be reallocated to other Agency priorities in future years.

Expected Result(s)	Performance Indicator(s)	Target(s)
The communications, service operations and programs of the Agency comply with applicable laws, regulations, policies and/or plans and meet the diverse needs of the public	Compliance with the statutory time requirements of the *Access to Information Act and Privacy Act* (ATIP)*	"A" Rating (95% and above)
	Compliance with the Government of Canada Communications Policy	100%
	Compliance with the Government of Canada *Official Languages Act, Part IV, Communications with and services to the public*	100%
Strategic allocation and prudent use of resources among programs, processes and services	Compliance with the Government of Canada *Employment Equity Act***	Aboriginal people: 3.4% Persons with disabilities: 4.3% Visible minorities: exceed 12.7% Women: 61.9%

	Maintain or increase number of employees in critical shortage occupational groups***	Medicine (MD): 45 Veterinary medicine (VM): 24 Nursing (NU): 63 Senior Human Resources (PE-04): 10 Senior Finance (FI-03): 9 Senior Finance (FI-04): 3
	% Year-end Agency variance of planned versus actual expenditures	5% variance or less
Information technology that supports government priorities and program and service delivery	Compliance with Government of Canada Common Look and Feel (CLF) 2.0	100%
Assets and material are managed throughout their lifecycle in a sustainable and financially responsible manner which supports Agency priorities and program delivery	% of major capital assets**** with completed asset condition reports to assess physical condition and level of criticality***** to program operations	100%
Acquisition services are timely and meet client needs	Average time required for approval of long-form contracts	15 days
	Client satisfaction	85%

* Office of the Information Commissioner's rating;
** Based on Workforce Availability 2006 census data;
***Growth will be measured based on baseline data as of April 1, 2010. Includes indeterminate and term employees >3 months;
**** Assets with an initial acquisition cost of $50,000 or more, excluding real property and related infrastructure;
***** "critical" rating high/medium/low.

PA Summary: Internal services support the Agency's strategic outcome and all six PAs. Internal services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. These groups are Management and Oversight Services, Communications Services, Legal Services, Human Resources (HR) Management Services, Financial Management Services, Information Management Services, Information Technology Services, Sustainable Development, Real Property Services, Materiel Services, Acquisition Services, Security Services, and Travel and Other Administrative Services. Internal services include only those activities and resources that apply across the Agency and not those provided specifically to a program.

Planning Highlights: To achieve the expected results, the Agency will undertake the following activities:

- Consistent with commitments made in the Strategic Plan (2007-2012), continue to strengthen evidence-informed and science-based decision-making through environmental scanning, development of partnerships, and development of the science and research plan.
- Implement the Agency's three-year strategic approach to People Management, with a focus on revising the performance management process and developing an integrated approach to talent management for executives and feeder groups.
- Address strategic and operational HR issues through: 1) the initial implementation of a phased plan to transform HR service delivery; 2) a resourcing strategy; and 3) a Staffing Monitoring Framework.
- Continue to implement the Agency's Values and Ethics Framework and Plan, including: the establishment of a working group to serve as an advisory body on values and ethics, and the development of a PHAC Values and Ethics Code.

- Support strategic policy development in collaboration with the Health Portfolio, other government departments and key stakeholders.
- Support the Federal Sustainable Development Strategy through the development and implementation of the PHAC 2011-2014 Departmental Sustainable Development Strategy. Key commitments relating to green buildings; surplus electronic and electrical equipment; printing units; and green procurement are identified in the Greening Government Operations supplementary information table.
- Continue to enhance integrated security services in compliance with the *Policy on Government Security* by completing the Departmental Security Plan and associated Threat and Risk Assessments. Enhance the Personnel Security Screening processes to safeguard the Agency's intellectual property and asset resources.

Benefits for Canadians:

The Agency will demonstrate sound resource management and continue to improve knowledge translation, information management, and science-based decision-making systems. Canadians will have access to current public health information to support knowledge development and informed decision-making for the well-being of themselves and their families. The Agency will also be better prepared to protect Canadians and respond to public health emergencies.

Section III – Supplementary Information

3.1 Financial Highlights

The future-oriented financial highlights presented in this report provide a general overview of the Agency's financial position and operations. Future-oriented Financial Statements are prepared on an annual basis to strengthen accountability and improve transparency and financial management. The statements are located on the Agency's Web site at http://www.phac-aspc.gc.ca/rpp/2011-2012/fofs-erp-eng.php.

($ M)

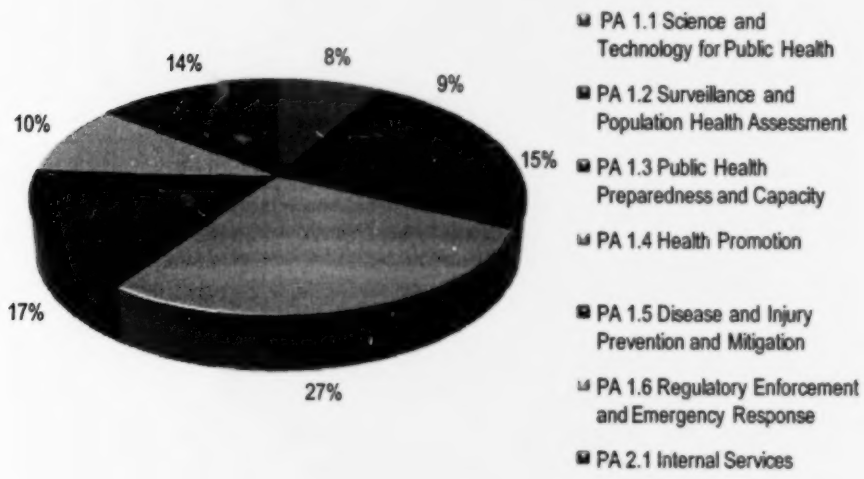
Future-oriented Condensed Statement of Operations for the year ended March 31st	% change	Future-oriented 2011-12	Future-oriented 2010-11
Total Expenses	7.0	678.9	634.2
Total Revenues	(33.0)	0.2	0.3
Net Cost of Operations	7.0	678.7	633.9

The Agency is forecasting $678.9M in expenses based on 2011-12 Main Estimates and accrued information. The expenses are broken down as follows: salaries and wages $235.5M; transfer payments $196.5M; professional and special services $96.6M; utilities, material and supplies $71.8M; accommodation $22.2M; travel and re-location $14.8M; amortization $10.7M; other $10.6M; information $8.2M; communication $5.5M; purchase repair and maintenance $5.0M; and rentals $1.7M.

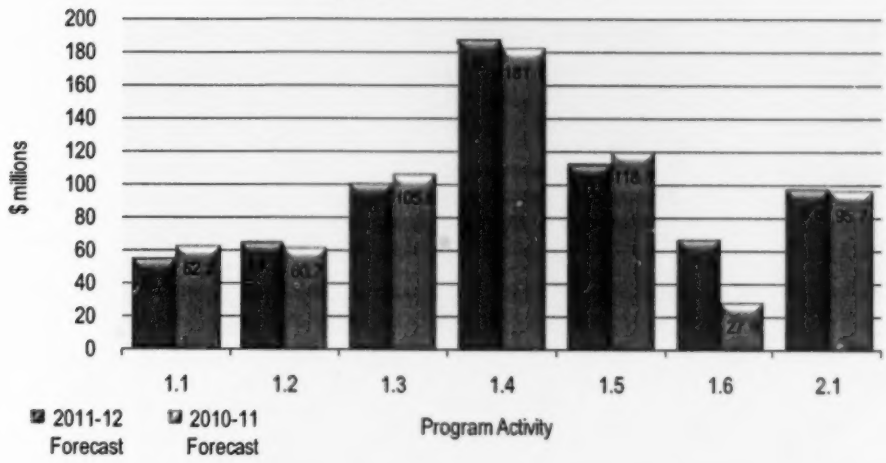
($ M)

Future-oriented Condensed Statement of Financial Position for the year ended March 31st	% change	Future-oriented 2011-12	Future-oriented 2010-11
Total Assets	6.8	208.7	195.5
Total Liabilities	(1.5)	144.0	146.2
Equity	31.0	64.7	49.4
Total Liabilities and Equity of Canada	6.8	208.7	195.5

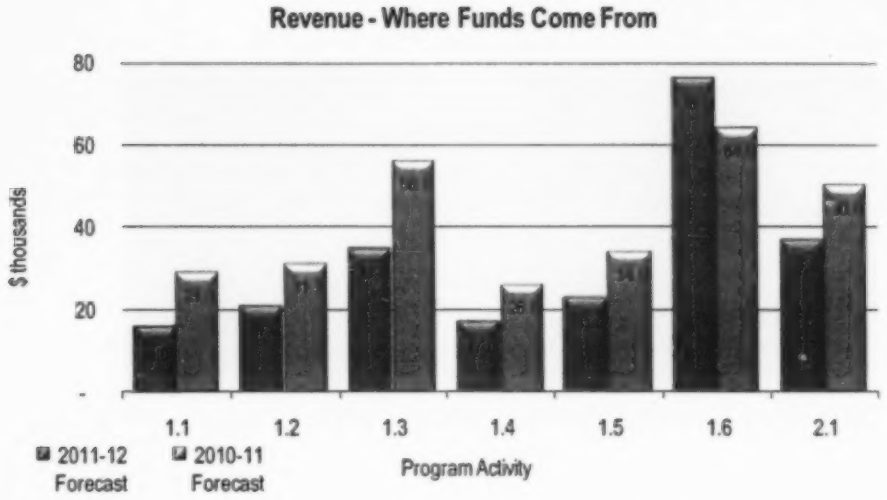
2011-12 Allocation of Net Cost of Operations by Program Activity



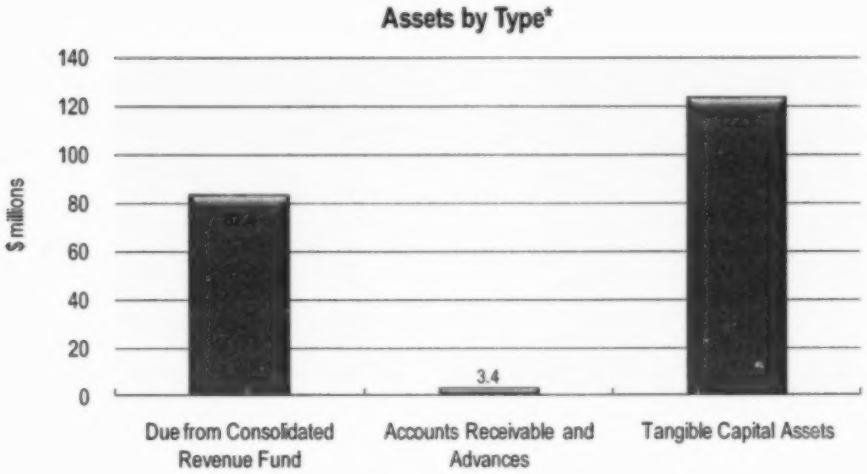
Expenses - Where Funds Go



Breaking down the $678.9M of Agency expenses by Program Activity allocates: $53.8M to Science and Technology for Public Health (PA 1.1); $64.2 to Surveillance and Population Health Assessment (PA 1.2); $100.3M to Public Health Preparedness and Capacity (PA 1.3); $186.2M to Health Promotion (PA 1.4); $111.9M to Disease and Injury Prevention (PA 1.5); $65.6M to Regulatory Enforcement and Emergency Response (PA 1.6); and $96.8M to Internal Services (PA 2.1).

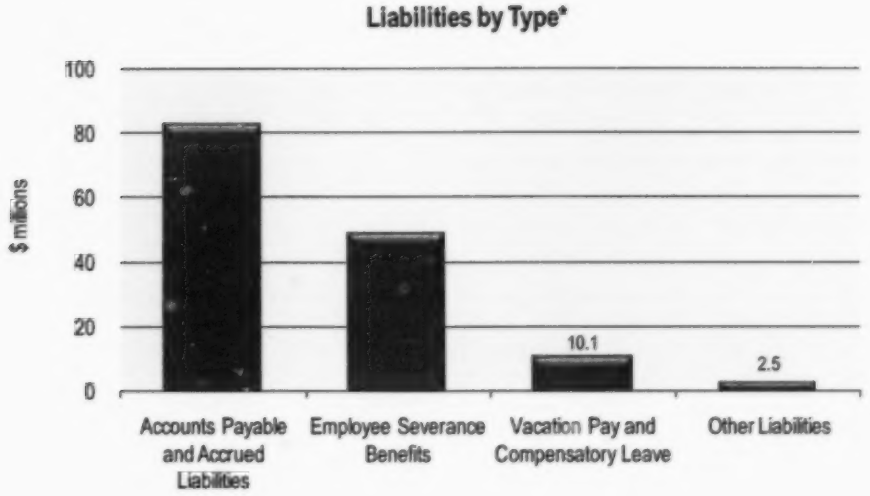


The Public Health Agency of Canada is forecasting $225K in revenues based on 2011-12 Main Estimates and accrued information. The revenues are broken down as follows: Services of a Non-Regulatory Nature $137K; Rights and Privileges $18K, a decrease of $67K related to royalties; other $62K and interest $8K. The 2011-12 forecast figures reflect the trend from previous years which included revenues from the sale of first aid kits and other royalty payments received.



*This is the first year PHAC has reported a statement of financial position; therefore, no comparative 2010-11 figures are available.

Total assets are forecast to be $208.7M for 2011-12, an increase of $13.1M over the 2010-11 forecast. The amount due from the Consolidated Revenue Fund is forecast to be $82.4M. Accounts receivable is forecast to be $3.4M. Capital assets are forecast to be $122.9M, an increase of $12.2M over the 2010-11 forecast.



*This is the first year PHAC has reported a statement of financial position, therefore no comparative 2010-11 figures are available.

Total liabilities are forecast to be $144M for 2011-12, a net decrease of $2.2M over the 2010-11 forecast. The breakdown of liabilities is as follows: accounts payable and accrued liabilities $83M; employee severance benefits $48.5M; vacation pay and compensatory leave $10.1M and other liabilities $2.5M.

3.2 List of Supplementary Information Tables

All electronic Supplementary Information tables found in the 2011-12 Report on Plans and Priorities can be found on the Treasury Board of Canada Secretariat's Web site at http://www.tbs-sct.gc.ca/rpp/2011-2012/info/info-eng.asp.

- Details on Transfer Payment Programs
- Greening Government Operations
- Horizontal Initiatives
- Upcoming Internal Audits and Evaluations over the next three fiscal years
- Sources of Respendable Revenue
- Summary of Capital Spending by Program Activity

The following table is located on the Agency's Web site:

- Summary of Three-year Plan for Transfer Payment Programs

Section IV – Other Items of Interest

Sustainable Development at the Agency

Based on the Federal Sustainable Development Strategy, the Public Health Agency of Canada commits to:

- Providing more specific information on departmental sustainable development activities appropriate to the department or agency's mandate;
- Strengthening the application of Strategic Environmental Assessments (SEAs) by ensuring that the Government's environmental goals are taken into account when pursuing social and economic goals; and
- Pursuing best practices on reporting on summary information on the results of SEAs linked to the FSDS goals and targets, in order to ensure that environmental decision-making is more transparent.

For additional details on the Agency's activities to support sustainable development please see http://www.phac-aspc.gc.ca/sd-dd/index-eng.php, and for complete details on the Federal Sustainable Development Strategy please see http://www.ec.gc.ca/dd-sd/default.asp?lang=En&n=C2844D2D-1.

Additional Web Links

Aboriginal Head Start in Urban and Northern Communities	http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/ahsunc-papacun/index-eng.php
Canada Prenatal Nutrition Program	http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/cpnp-pcnp/index-eng.php
Canada's Response to the 2009 H1N1 Influenza Pandemic	http://www.parl.gc.ca/40/3/parlbus/commbus/senate/com-e/soci-e/rep-e/rep15dec10-e.pdf
Canadian Adverse Events Following Immunization Surveillance System	http://www.phac-aspc.gc.ca/im/vs-sv/caefiss-eng.php
Canadian Chronic Disease Surveillance System	http://www.phac-aspc.gc.ca/cd-mc/cvd-mcv/ccdss-snsmc-2010/2-1-eng.php
Canadian Diabetes Strategy	http://www.phac-aspc.gc.ca/cd-mc/diabetes-diabete/diabetes_strategy-diabete_strategie-eng.php
Canadian HIV Vaccine Initiative	http://www.chvi-icvv.gc.ca/index-eng.html
Canadian Network for Public Health Intelligence	https://www.cnphi-rcrsp.ca/cnphi/index.jsp
Canadian Pandemic Influenza Plan for the Health Sector	http://www.phac-aspc.gc.ca/cpip-pclcpi/index-eng.php
College of Family Physicians of Canada	http://www.cfpc.ca/Home/
Community Action Program for Children	http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/capc-pace/index-eng.php
Core Competencies for Public Health in Canada	http://www.phac-aspc.gc.ca/ccph-cesp/index-eng.php

Curbing Childhood Obesity: an F/P/T Framework for Action to Promote Healthy Weights	http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/index-eng.php
Federal Sustainable Development Strategy	http://www.ec.gc.ca/dd-sd/default.asp?lang=EN&n=C2844D2D-1
Global Health Security Initiative	http://www.ghsi.ca/english/index.asp
Health Emergency Response Team	http://www.phac-aspc.gc.ca/media/nr-rp/2007/2007_14bk01-eng.php
Health Portfolio	http://www.hc-sc.gc.ca/ahc-asc/minist/portfolio/index-eng.php
Healthy Aging	http://www.phac-aspc.gc.ca/seniors-aines/index-eng.php
Healthy Canadians	http://www.tbs-sct.gc.ca/ppg-cpr/descript-eng.aspx#bm02
Healthy Living	http://www.phac-aspc.gc.ca/media/nr-rp/2005/2005_37bk3-eng.php
Injury Prevention	http://www.phac-aspc.gc.ca/inj-bles/index-eng.php
Innovation Strategy	http://www.phac-aspc.gc.ca/ph-sp/fund-fonds/index-eng.php
Lessons Learned Review: Public Health Agency of Canada and Health Canada Response to the 2009 H1N1 Pandemic	http://www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2010-2011/h1n1/pdf/h1n1-eng.pdf
May 2008 Report of the Auditor General	http://www.oag-bvg.gc.ca/internet/English/parl_oag_200805_05_e_30701.html
Mental Health	http://www.phac-aspc.gc.ca/mh-sm/index-eng.php
National Collaborating Centres for Public Health Contribution Program	http://www.phac-aspc.gc.ca/php-psp/ncc-eng.php
National Emergency Stockpile System	http://www.phac-aspc.gc.ca/ep-mu/ness-eng.php
National Immunization Strategy	http://www.phac-aspc.gc.ca/im/nis-sni/index-eng.php
National Population Study of Neurological Conditions	http://www.phac-aspc.gc.ca/cd-mc/nc-mn/1-eng.php
PHAC Departmental Sustainable Development Strategy	http://www.phac-aspc.gc.ca/sd-dd/index-eng.php
Physical Activity Guidelines	http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/pag-gap/index-home-accueil-eng.php
Public Health Agency of Canada	http://www.phac-aspc.gc.ca/index-eng.php
Public Health Agency of Canada Act	http://www2.parl.gc.ca/Sites/LOP/LegislativeSummaries/Bills_ls.asp?lang=E&ls=c5&source=library_prb&Parl=39&Ses=1
Report of the Independent Investigator into the 2008 Listeriosis Outbreak	http://www.listeriosis-listeriose.investigation-enquete.gc.ca/index_e.php?s1=rpt&page=tab